

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 170

Place of Birth Miami, Ariz. County Pima No. 23 Miami Ave. St.

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			

DATE OF BIRTH* FEBRUARY 22, 1925

FULL NAME Jose Gutierrez

FULL MAIDEN NAME Maria Barba

I HEREBY CERTIFY that the child described herein has been named

AURORA BARBA GUTIERREZ

(Give name in full) (Surname)

Maria B Gutierrez
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 10-1-42-S.P.Co.

179-222-421

MARGIN RESERVED FOR BINDING
USE PERMANENT INK